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CONFIRMATION NO. 8505

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| SERIAL NUMBER 10/799,842 | FILING OR 371(c) DATE 03/13/2004 RULE | CLASS 604 | GROUP ART UNIT 3763 | ATTORNEY DOCKET NO. 29322.78 |
| APPLICANTS Gale White, Fort Worth, TX; Roger Hill, Richardson, TX; Michael J. Zakrewski, Carrollton, TX; Ruth Kummerlen, Frisco, TX; Martyn Stuart Abbott, Richardson, TX; Robert C. Brooks, Dallas, TX; | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 09/452,488 12/01/1999 PAT 6,519,569 and is a CIP of 09/702,310 10/31/2000 PAT 6,790,198 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/28/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY TX | SHEETS DRAWING 8 | TOTAL CLAIMS 30 |
| INDEPENDENT CLAIMS 3 | | | | |
| ADDRESS 22511 | | | | |
| TITLE Patient medication IV delivery pump with wireless communication to a hospital information management system | | | | |
| FILING FEE RECEIVED 950 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |